

Fields in All Referral Types

What type of referral is being made?			
REFERRAL TYPE	<ul style="list-style-type: none">• Vaccine if the referral is for vaccination support. <i>This referral should be logged for all contacts and case patients who have not already been referred – see below for specific fields.</i>• Resource if the referral is for a non-vaccine resource need, such as food assistance, legal help, or transportation. <i>This type of referral should only be logged if the contact responds “Yes” to resource need inquiries – see page 2 for specific fields.</i>• Other if the referral cannot be captured by “Vaccine” or any of the categories listed in “Resource” – <i>see page 2 for specific fields.</i>		
What type of phone call is being made or received?			
TYPE OF COMMUNICATION	Part of Standard Initial or Monitoring Call if this is a referral made as part of a standard initial or daily monitoring call (inbound or outbound).	EXAMPLE	<i>During an initial call to a contact, you provide them with information about where to get vaccinated or you offer support for a resource need identified during initial assessment.</i>
	Outreach Call if this is an outbound call being made for the purpose of a referral. <i>These options are titled with “Vaccine,” “Resource,” or “Other” as appropriate.</i> <ul style="list-style-type: none">• Outreach Call (answered) should be used if a referral call is answered.• Outreach Call (left voicemail) should be used if a referral call is made but not answered, and a voicemail has been left.	EXAMPLE	<i>You call a contact to let them know about an upcoming vaccine event or other wellness event at a local community center.</i>
	Incoming Call if this is an inbound call from a contact or case being made for the purpose of receiving a referral.	EXAMPLE	<i>Contact calls you seeking information about vaccines or food assistance.</i>
What was the context of the referral? (Outreach Calls only)			
TYPE OF CAMPAIGN (for Outreach Calls only)	Awareness if you are providing general information that is not connected to a specific event.	EXAMPLE	<i>You provide education to a contact about vaccine availability in their area.</i>
	Specific Event if you are providing this individual with information about an upcoming event.	EXAMPLE	<i>You let a contact know about an upcoming vaccination event in their area.</i>
	Specific Need (resource referrals only) or Specific Need or Request (other referrals only) if this individual asks you to provide information about a specific need or request.	EXAMPLE	<i>You call a contact to provide more information on rent assistance after they note this need on a digital assessment.</i>

Fields in Vaccine Referrals

VACCINE REFERRAL DETAILS BOX	
PERSON CURRENT VACCINE STATUS	This field indicates the vaccination status of the person being referred. <ul style="list-style-type: none"> Person Already Partially or Fully Vaccinated Person Has Vaccine Scheduled Person Not Vaccinated and Not Scheduled for Vaccine (will produce a field for Reason Why Not Vaccinated)
REASON WHY NOT VACCINATED (individuals without vaccine scheduled only)	This field only appears if “Person Not Vaccinated and Not Scheduled for Vaccine” is selected in the <i>Person Current Vaccine Status</i> field. <ul style="list-style-type: none"> Person does not meet criteria for vaccine (e.g., one of the CDC contraindications for a specific group) Person has resource issues with obtaining vaccine (e.g. is unable to access a vaccination site or take time off work, etc.) Person opposed to COVID vaccine (will produce a field for Hesitancy Reason) Other (will produce a free text field and should only be used rarely – please only select this option AFTER you have confirmed no other option applies)
HESITANCY REASON (individuals opposed to vaccine only)	This field only appears if “Person opposed to COVID Vaccine” is selected in the <i>Reason Why Not Vaccinated</i> field. <ul style="list-style-type: none"> Health Concerns (e.g., concerned about side effects/health complications associated with the vaccine) (Belief that) they don’t need the vaccine (e.g., believe it is unnecessary to get vaccinated or that the vaccine is not effective) Still Researching/Deciding (e.g., wants to wait for more information and/or hasn’t decided whether they want to get vaccinated) Lack of Trust (e.g., mistrust of government/vaccines in general) Religious Beliefs Other (will produce a free text field)
OUTCOME OF REFERRAL	<ul style="list-style-type: none"> General Information Provided Vaccine appointment scheduled on call Transferred to LHD or vaccine hotline Other (will produce a free text field)
COMMUNICATION PREFERENCES	This field will update the <i>Vaccine Communication Preference</i> field on this individual’s monitoring event unless you leave it blank. <ul style="list-style-type: none"> Would like future calls and texts about vaccines Prefers only texts about vaccines Prefers only calls about vaccines Do not contact in future about vaccines

DON'T FORGET: A referral does not take the place of a phone call logged in Timeline/Activities. You must log BOTH a phone call record and a referral record!

(EXTRA FIELDS FOR INDIVIDUALS WHO DO NOT HAVE A VACCINE SCHEDULED)

Fields in Resource Referrals

RESOURCE REFERRAL DETAILS AND REFERRED TO BOX	
REFERRAL NEED	Use this multi-select field to select one or more descriptors for this resource need. <i>(Selecting "Other" will produce Referral Need – Other, a free text field to provide more information.)</i>
OUTCOME OF REFERRAL	<ul style="list-style-type: none"> • Confirmed needs met • Connected with CHW (if applicable) (if you have connected this individual with a community health worker) • Pending Action (if the outcome of this referral is yet to be confirmed) • Resource Not Available (if the resource needs are unable to be met) • Other <i>(will produce a free text field)</i>
COMMUNICA-TION PRFERENCES	<ul style="list-style-type: none"> • Would like future calls and texts about resources available • Prefers only texts about resources • Prefers only calls about resources • Do not contact in future about resource
AGENCY	The organization to which you have referred this individual: <ul style="list-style-type: none"> • 211 (if you have referred this individual to a 211 agency) • CHW (community health worker) • Local resource (e.g., local food bank or legal clinic) • Other <i>(will produce a free text field)</i>
AGENT NAME	Free text field for the name of the person to whom you referred this individual.
HOW REFERRED	<i>The process used for this referral:</i> <ul style="list-style-type: none"> • Transferred to person (warm transfer) • Transferred to phone number (cold transfer) • Provided contact information (no transfer) • Other <i>(will produce a free text field)</i>

Fields in Other Referrals

OTHER REFERRALS DETAILS BOX	
REFERRAL TYPE DESCRIPTION	Use the free-text field to add more information about this referral.
OUTCOME OF REFERRAL	Free text field for you to provide information.
NOTES FROM REFERRAL	Required free text field for you to provide information.

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